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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PROGRATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISS
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-55

Operator <u>CONOCO, Inc</u>	
Address <u>PO Box 460 Hobbs, NM</u>	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter oil
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Customized Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Hawk B-1</u>	Well No. <u>15</u>	Pool Name, including Formation <u>Drinkard</u>	Kind of Lease State, Federal or Fee <u>NM</u>	Lease No. <u>2512</u>
Location West Letter <u>K</u> <u>2093</u> Feet From The <u>South</u> Line and <u>1867</u> Feet From The <u>West</u>				
Line of Section <u>8</u> Township <u>21-S</u> Range <u>37-E</u> , NMCM, <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>Texas New Mexico Pipeline, El Paso, NM</u>					
Name of Authorized Transporter of Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>Guthy Oil Co, El Paso, NM</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>9</u>	Twp. <u>21</u>	Rge. <u>37</u>	Is gas actually connected? <u>yes</u>	When <u>8-4-79</u>

If this production is commingling with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Test <input type="checkbox"/>	Diff. Test <input type="checkbox"/>
Date Spudded <u>5-26-79</u>	Date Compl. Ready to Prod. <u>7-11-79</u>		Total Depth <u>6936</u>		P.B.T.D.			
Elevations (B.F., R.R., K.T., G.R., etc.) <u>3516 G.L.</u>	Name of Producing Formation <u>Drinkard</u>		Top Oil/Gas Pay <u>6485</u>		Tubing Depth <u>6729</u>			
Perforations <u>6485-6708</u> <u>2 1/2 SP</u>					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4</u>	<u>8 5/8</u>	<u>1340'</u>	<u>6925x 100.5x pulled</u>
<u>7 7/8</u>	<u>5 1/2</u>	<u>6880'</u>	<u>400.5x</u>
	<u>2 3/8</u>	<u>6729</u>	

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>8-4-79</u>	Date of Test <u>7-23-79</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>550</u>	Casing Pressure <u>650</u>	Choke Size <u>27/64"</u>
Actual Prod. During Test	Oil - Bbls. <u>52</u>	Water - Bbls. <u>1</u>	Gas - MCF <u>1800</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

[Signature]
(Signature)
Administrative Supervisor

(Title)

AUG 3 1979

1000 D (5), 11940 F (4), 1110

OIL CONSERVATION COMMISSION

SEP 4 1979

APPROVED _____, 19

BY [Signature]
SUPERVISOR DISTRICT I

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

INCLINATION REPORT

OPERATOR Continental Oil Company ADDRESS PO Box 460, Hobbs, New Mexico 88240
 LEASE NAME Hawk B-1 WELL NO. 15 FIELD _____
 LOCATION Section 8, T-21S, R-37E, Lea County, New Mexico

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
271	1/4	1.1924	1.1924
683	3/4	5.3972	6.5896
992	1 1/4	6.7362	13.3258
1115	1 1/4	2.6814	16.0072
1350	1 1/4	5.1230	21.1302
1831	1/4	2.1164	23.2466
2301	3/4	6.1570	29.4036
2784	2	16.8567	46.2603
2984	2	6.9800	53.2403
3252	1 3/4	8.1740	61.4143
3757	1 1/4	11.0090	72.4233
4257	1 1/4	10.9000	83.3233
4776	2	18.1131	101.4364
5257	1 1/4	10.4858	111.9222
5753	1 1/4	10.8128	122.7350
6235	3/4	6.3142	129.0492
6769	3/4	6.9954	136.0446
6880	1 1/4	2.4198	138.4644

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

CACTUS DRILLING COMPANY

John Ayers

TITLE John Ayers, Office Manager

AFFIDAVIT:

Before me, the undersigned authority, appeared John Ayers known to me to be the person whose name is subscribed herebelow, who, on making deposition, under oath states that he is acting for and in behalf of the operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

John Ayers

AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 12th day of June, 1979

MY COMMISSION EXPIRES MARCH 1, 1980

SEAL

James L. Murphy
 Notary Public in and for the County
 of Lea, State of New Mexico

RECEIVED

SEP 6 1971

O.C.D. HOBBS, OFFICE